

1309217

ORIGINAL

UNITED STATES  
SECURITIES AND  
EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL  
OMB Number: 3235-0076  
Expires: September 30, 2008  
Estimated average burden  
hours per response.. 4.00

TEMPORARY  
FORM D

SEC Mail Processing  
Section

SEP 23 2008  
Washington, DC  
111  
NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY  
Prefix  
Serial  
DATE RECEIVED

Name of Offering ([ ] check if this is an amendment and name has changed, and indicate change.)  
COMMERCIAL PAPER 4(2) PROGRAM

Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X] Rule 506 [ ] Section 4(6) [ ] ULOE  
Type of Filing: [ ] New Filing [X] Amendment

A. BASIC IDENTIFICATION DATA



1. Enter the information requested about the issuer  
Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.)  
ALLIED IRISH BANKS NORTH AMERICA INC.

Address of Executive Offices (Number and Street, City, State, Zip Code)  
405 PARK AVENUE, NEW YORK, NY 10022  
Telephone Number (Including Area Code)  
(212) 339 8000

PROCESSED  
OCT 01 2008  
THOMSON REUTERS

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
Telephone Number (Including Area Code)  
(if different from Executive Offices)

Brief Description of Business FINANCE VEHICLE - WHOLLY OWNED SUBSIDIARY of ALLIED IRISH BANKS, p.l.c.

Type of Business Organization  
[X] corporation [ ] limited partnership, already formed [ ] other (please specify):  
[ ] business trust [ ] limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year  
[0][8] [8][7] [X] Actual [ ] Estimated  
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction) [D] [E]

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**A. BASIC IDENTIFICATION DATA**

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Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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KEHOE, PAUL

Full Name (Last name first, if individual)

ALLIED IRISH BANKS, p.l.c., BANKCENTRE, BALLSBRIDGE, DUBLIN 4, IRELAND

Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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GAHAN, KEVIN

Full Name (Last name first, if individual)

ALLIED IRISH BANKS, p.l.c., BANKCENTRE, BALLSBRIDGE, DUBLIN 4, IRELAND

Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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O'CONNOR, GERRY

Full Name (Last name first, if individual)

ALLIED IRISH BANKS, p.l.c., BANKCENTRE, BALLSBRIDGE, DUBLIN 4, IRELAND

Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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McGORMAN, GERRY

Full Name (Last name first, if individual)

ALLIED IRISH BANKS, p.l.c., NEW YORK BRANCH, 405 PARK AVENUE, NEW YORK, NY 10022.

Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director	<input type="checkbox"/> General and/or Managing Partner
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ALLIED IRISH BANKS, p.l.c.

Full Name (Last name first, if individual)

BANKCENTRE, BALLSBRIDGE, DUBLIN 4, IRELAND

Business or Residence Address (Number and Street, City, State, Zip Code)

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**B. INFORMATION ABOUT OFFERING**

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1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No  
[ ] [ X ]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$500,000

3. Does the offering permit joint ownership of a single unit?..... Yes No  
[ ] [ X ]

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

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Full Name (Last name first, if individual)

CREDIT SUISSE SECURITIES (USA) LLC

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Business or Residence Address (Number and Street, City, State, Zip Code)

11 MADISON AVENUE, NEW YORK, NY 10010-3629

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[ X ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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Full Name (Last name first, if individual)

MORGAN STANLEY & CO. INCORPORATED

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Business or Residence Address (Number and Street, City, State, Zip Code)

1585 BROADWAY, FLOOR 04, NEW YORK, NY 10036

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[ X ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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Full Name (Last name first, if individual)

MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED

Business or Residence Address (Number and Street, City, State, Zip Code)

4 WORLD FINANCIAL CENTER, 12TH FLOOR, NEW YORK, NEW YORK 10080

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

☒ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

MERRILL LYNCH MONEY MARKETS INC.

Business or Residence Address (Number and Street, City, State, Zip Code)

4 WORLD FINANCIAL CENTER, 11TH FLOOR, NEW YORK, NEW YORK 10080

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	<input checked="" type="checkbox"/> NY	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

CITIGROUP GLOBAL MARKETS, INC.

Business or Residence Address (Number and Street, City, State, Zip Code)

388 Greenwich Avenue, 34th Floor, New York, NY 10013

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

☒ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

LEHMAN BROTHERS INC.

Business or Residence Address (Number and Street, City, State, Zip Code)

745 Seventh Avenue, New York, NY 10019

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[ X ] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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Full Name (Last name first, if individual)

FIRST TENNESSEE BANK, N.A. d/b/a FTN FINANCIAL CAPITAL MARKETS

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Business or Residence Address (Number and Street, City, State, Zip Code)

Suite 150, 845 Crossover Lane, Memphis, TN 38117

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Name of Associated Broker or Dealer

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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....

[ ] All States

[AL] x	[AK] x	[AZ] x	[AR] x	[CA] x	[CO] x	[CT]	[DE] x	[DC] x	[FL] x	[GA] x	[HI] x	[ID] x
[IL] x	[IN] x	[IA] x	[KS] x	[KY] x	[LA]	[ME] x	[MD] x	[MA] x	[MI] x	[MN] x	[MS] x	[MO] x
[MT] x	[NE]	[NV] x	[NH] x	[NJ] x	[NM] x	[NY] x	[NC] x	[ND] x	[OH] x	[OK] x	[OR] x	[PA] x
[RI] x	[SC]	[SD] x	[TN] x	[TX] x	[UT]	[VT] x	[VA] x	[WA] x	[WV] x	[WI] x	[WY] x	[PR] x

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$20,000,000,000	\$8,845,500
Equity .....	\$ -0-	\$ -0-
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ -0-	\$ -0-
Partnership Interests .....	\$ -0-	\$ -0-
Other (Specify _____ NOT APPLICABLE _____).	\$ -0-	\$ -0-
Total .....	\$20,000,000,000	\$8,845,500

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	60	\$8,845,500
Non-accredited Investors .....	-0-	\$ -0-
Total (for filings under Rule 504 only) .....		\$ _____
Answer also in Appendix, Column 4, if filing under ULOE.		Not applicable

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Not applicable

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....		\$ _____
Regulation A .....		\$ _____
Rule 504 .....		\$ _____
Total .....		\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ .....
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ .....
Legal Fees .....	<input checked="" type="checkbox"/>	\$ 90,000
Accounting Fees .....	<input type="checkbox"/>	\$ .....
Engineering Fees .....	<input type="checkbox"/>	\$ .....
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/>	\$ .....
Other Expenses (identify) – Accounting and Paying Agent Fees.....	<input checked="" type="checkbox"/>	\$ 30,000
Total .....	<input checked="" type="checkbox"/>	\$ 120,000

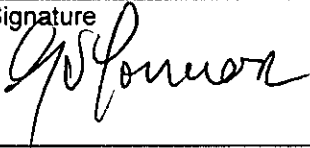
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$19,880,000

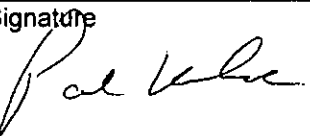
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Purchase of real estate .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Repayment of indebtedness .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Working capital .....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Other (specify):distribution to Allied Irish Banks, p.l.c. .....	<input checked="" type="checkbox"/> \$ 19,880,000	<input type="checkbox"/> \$ .....
.....	<input type="checkbox"/> \$ .....	<input type="checkbox"/> \$ .....
Column Totals .....	<input checked="" type="checkbox"/> \$ 19,880,000	<input type="checkbox"/> \$ .....
Total Payments Listed (column totals added) .....		<input checked="" type="checkbox"/> \$ 19,880,000

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) ALLIED IRISH BANKS NORTH AMERICA, INC.	Signature 	Date 9-9-08
Name of Signer (Print or Type) Gerry O'Connor	Title of Signer (Print or Type) Authorized Signer	

Issuer (Print or Type) ALLIED IRISH BANKS NORTH AMERICA, INC.	Signature 	Date 9-9-08
Name of Signer (Print or Type) Paul Kehoe	Title (Print or Type) / Authorized Signer	

<b>ATTENTION</b>
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)



### E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No  
[ ] [X]

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) ALLIED IRISH BANKS NORTH AMERICA, INC.	Signature <i>Gerry O'Connor</i>	Date 9-9-08
Name of Signer (Print or Type) GERRY O'CONNOR	Title (Print or Type) AUTHORISED OFFICER	

Issuer (Print or Type) ALLIED IRISH BANKS NORTH AMERICA, INC.	Signature <i>Paul Keller</i>	Date 9-9-08
Name of Signer (Print or Type) Paul Keller	Title (Print or Type) AUTHORISED OFFICER	

**Instruction:**

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X	Up to \$10bil.	0	0	0	0		X
AK		X	Up to \$10bil.	1	174,000,000	0	0		X
AZ		X	Up to \$10bil.	0	0	0	0		X
AR		X	Up to \$10bil.	0	0	0	0		X
CA		X	Up to \$10bil.	7	299,725,000	0	0		X
CO		X	Up to \$10bil.	0	0	0	0		X
CT		X	Up to \$10bil.	1	100,000,000	0	0		X
DE		X	Up to \$10bil.	0	0	0	0		X
DC		X	Up to \$10bil.	0	0	0	0		X
FL		X	Up to \$10bil.	1	15,600,000	0	0		X
GA		X	Up to \$10bil.	0	0	0	0		X
HI		X	Up to \$10bil.	0	0	0	0		X
ID		X	Up to \$10bil.	3	46,000,000	0	0		X
IL		X	Up to \$10bil.	2	3,600,000	0	0		X
IN		X	Up to \$10bil.	0	0	0	0		X
IA		X	Up to \$10bil.	0	0	0	0		X
KS		X	Up to \$10bil.	1	50,000,000	0	0		X
KY		X	Up to \$10bil.	0	0	0	0		X
LA		X	Up to \$10bil.	0	0	0	0		X
ME		X	Up to \$10bil.	0	0	0	0		X
MD		X	Up to \$10bil.	0	0	0	0		X
MA		X	Up to \$10bil.	8	1,296,050,000	0	0		X
MI		X	Up to \$10bil.	0	0	0	0		X
MN		X	Up to \$10bil.	6	431,575,000	0	0		X
MS		X	Up to \$10bil.	0	0	0	0		X
MO		X	Up to \$10bil.	1	4,700,000	0	0		X
MT		X	Up to \$10bil.	0	0	0	0		X
NE		X	Up to \$10bil.	0	0	0	0		X
NV		X	Up to \$10bil.	0	0	0	0		X
NH		X	Up to \$10bil.	0	0	0	0		X
NJ		X	Up to \$10bil.	2	48,000,000	0	0		X

1	2 Intend to sell to non- accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NM		X	Up to \$10bil.	0	0	0	0		X
NY		X	Up to \$10bil.	21	5,737,700,000	0	0		X
NC		X	Up to \$10bil.	0	0	0	0		X
ND		X	Up to \$10bil.	0	0	0	0		X
OH		X	Up to \$10bil.	1	25,800,000	0	0		X
OK		X	Up to \$10bil.	0	0	0	0		X
OR		X	Up to \$10bil.	0	0	0	0		X
PA		X	Up to \$10bil.	3	462,750,000	0	0		X
RI		X	Up to \$10bil.	0	0	0	0		X
SC		X	Up to \$10bil.	0	0	0	0		X
SD		X	Up to \$10bil.	0	0	0	0		X
TN		X	Up to \$10bil.	0	0	0	0		X
TX		X	Up to \$10bil.	0	0	0	0		X
UT		X	Up to \$10bil.	0	0	0	0		X
VT		X	Up to \$10bil.	0	0	0	0		X
VA		X	Up to \$10bil.	1	50,000,000	0	0		X
WA		X	Up to \$10bil.	0	0	0	0		X
WV		X	Up to \$10bil.	0	0	0	0		X
WI		X	Up to \$10bil.	1	100,000,000	0	0		X
WY		X	Up to \$10bil.	0	0	0	0		X
PR		X	Up to \$10bil.	0	0	0	0		X

END